

FILED

AFFIDAVIT ACCOMPANYING MOTION FOR  
IN FORMA PAUPERIS

United States [REDACTED] District Court

JUL 29 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTEric Ware

v. Case No. \_\_\_\_\_

Nedra Chandler et al**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Eric Ware

) [REDACTED] United States District Court for the  
 ) Northern District of Illinois  
 )  
 ) District Court No. 08 C 50158  
 )  
 ) District Court Judge Kapala

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 7/25/08

**1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.**

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Self-employment	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Income from real property (such as rental income)	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Interest and dividends	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Gifts	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Alimony	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Child support	\$ 0	\$ [REDACTED]	\$ 0	\$ [REDACTED]
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Disability (such as social security, insurance payments)	\$ 0	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Unemployment payments	\$ 0	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Public-assistance (such as welfare)	\$ 0	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Other (specify):	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Total monthly income:	\$ 368.01	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

**2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)**

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	NA

**3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)**

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	NA

**4. How much cash do you and your spouse have? \$ -368.45**  
**Below, state any money you or your spouse have in bank accounts or in any other financial institution.**

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA	NA	NA	NA

*If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

**5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.**

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
NA	NA	Make & year: _____
		Model: _____
		Registration #: _____

Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: _____	NA	_____
Model: _____	NA	_____
Registration #: _____	NA	_____

**6. State every person, business, or organization owing you or your spouse money, and the amount owed.**

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

*NP*      *MA*      *ND*

**7. State the persons who rely on you or your spouse for support.**

Name

Relationship

Age

*MM*      *MA*      *MA*

**8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.**

Rent or home-mortgage payment (including lot rented for mobile home)

Are real estate taxes included? [ ] Yes [ ] No

Is property insurance included? [ ] Yes [ ] No

Utilities (electricity, heating fuel, water, sewer, and telephone)

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

Transportation (not including motor vehicle expenses)

Recreation, entertainment, newspapers, magazines, etc.

Insurance (not deducted from wages or included in mortgage payments)  
Homeowner's or renter's

You	Your spouse
\$ <i>0</i>	\$ <i>  </i>

Life

\$ 0 \$ 0

Health

\$ 0 \$ 0

Motor vehicle

\$ 0 \$ 0

Other: \_\_\_\_\_

\$ 0 \$ 0Taxes (not deducted from wages or included in mortgage payments)  
(specify):\$ 0 \$ 0

Installment payments

\$ 0 \$ 0

Motor Vehicle

\$ 0 \$ 0Credit card (name):     \$ 0 \$ 0Department store (name):     \$ 0 \$ 0Other:     \$ 0 \$ 0

Alimony, maintenance, and support paid to others

\$ 0 \$ 0

Regular expenses for operation of business, profession, or farm (attach detail)

\$ 0 \$ 0

Other (specify): \_\_\_\_\_

\$ 0 \$ 0

Total monthly expenses: \_\_\_\_\_

\$ 0 \$ 0\$ 0 \$ 0\$ 0 \$ 0\$ 0 \$ 0**9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?**[] Yes [] No If yes, describe on an attached sheet.**10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?**[] Yes [] No If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

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11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[ ] Yes [  ] No If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

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12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

*I am in Debt - 368.45, I am Broke.*

13. State the address of your legal residence.

Dixon Correctional Center

2600 N. Brinton Ave

DIXON, IL 61021

Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: 36 Your years of schooling: 14

Your social-security number: 324-62-8511

## Trust Fund

## Inmate Transaction Statement

REPORT CRITERIA - Date: 01/25/2008 thru End; Inmate: R32516; Active Status Only? : No; Print Restrictions? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions? : Yes; Include Inmate Totals? : Yes; Print  
 Balance Errors Only? : No

Inmate: R32516 Ware, Eric

Housing Unit: DIX-NE-28-52

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:	0.00	
04/10/08	Mail Room	04 Intake and Transfers In	101228	210 <del>2</del> 3	Lawrence Correctional Center	-323.21	-323.21
04/16/08	Payroll	20 Payroll Adjustment	107115		P/R month of 03/2008	1.70	-321.51
04/23/08	Mail Room	04 Intake and Transfers In	114215	21180	Lawrence Correctional Center	3.40	-318.11
05/15/08	Payroll	20 Payroll Adjustment	136115		P/R month of 04/2008	10.00	-308.11
06/04/08	Mail Room	01 MO/Checks (Not Held)	156250	0103170	Boyd, Lateasa	25.00	-283.11
06/13/08	Payroll	20 Payroll Adjustment	165115		P/R month of 05/2008	5.10	-278.01
07/15/08	Payroll	20 Payroll Adjustment	197115		P/R month of 06/2008	10.00	-268.01
					Total Inmate Funds:	-268.01	
					Less Funds Held For Orders:	.00	
					Less Funds Restricted:	100.44	
					Funds Available:	-368.45	
					Total Furloughs:	.00	
					Total Voluntary Restitutions:	.00	

## RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
03/31/2008	81830225	Disb	Legal Postage 3/31/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.55
04/01/2008	81830405	Disb	Legal Postage 4/1/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.97
04/03/2008	81830641	Disb	Legal Postage 4/3/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.77
04/04/2008	81830748	Disb	Legal Postage 4/4/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.16
04/07/2008	81830824	Disb	Legal Postage 4/7/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.64
04/08/2008	84830857	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$0.60
04/09/2008	81831147	Disb	Legal Postage 4/9/08	99999 DOC: 523 Fund Inmate Reimburseme	\$2.84
04/14/2008	81831415	Disb	Legal Postage 4/14/08	99999 DOC: 523 Fund Inmate Reimburseme	\$2.62
04/16/2008	81831790	Disb	Legal Postage 4/16/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.75
04/16/2008	84831774	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$7.00
04/21/2008	81832205	Disb	Legal Postage 4/21/08	99999 DOC: 523 Fund Inmate Reimburseme	\$4.60
04/22/2008	81832423	Disb	Legal Postage-4/22/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.41
04/22/2008	84832515	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$10.50
04/25/2008	84832773	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$0.50
04/28/2008	81832927	Disb	Legal Postage 4/28/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.82
04/29/2008	81833156	Disb	Legal Postage-4/29/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.97
04/29/2008	84833130	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$0.60
05/19/2008	81835655	Disb	Legal Postage 5/19/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.84
05/21/2008	81835955	Disb	Legal Postage 5/21/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.34
05/22/2008	81836134	Disb	Legal Postage 5/22/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.17
05/23/2008	81836244	Disb	Legal Postage 5/23/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.26
05/27/2008	81836389	Disb	Legal Postage 5/27/08	99999 DOC: 523 Fund Inmate Reimburseme	\$7.99
05/28/2008	81836604	Disb	Legal Postage 5/28/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.00

Time: 11:57am

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## Dixon Correctional Center

## Trust Fund

## Inmate Transaction Statement

REPORT CRITERIA - Date: 01/25/2008 thru End; Inmate: R32516; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print  
 Balance Errors Only ? : No

Inmate: R32516 Ware, Eric

Housing Unit: DIX-NE-28-52

## RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
05/29/2008	81836742	Disb	Legal Postage 5/29/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.42
06/02/2008	81837022	Disb	Legal Postage-6/2/08	99999 DOC: 523 Fund Inmate Reimburseme	\$3.01
06/04/2008	84837346	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$2.50
06/06/2008	81837581	Disb	Legal Postage-6/6/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.17
06/09/2008	81837643	Disb	Legal Postage 6/9/08	99999 DOC: 523 Fund Inmate Reimburseme	\$3.02
06/11/2008	81837958	Disb	Legal Postage 6/11/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.26
06/12/2008	84838050	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$0.80
07/09/2008	81900659	Disb	Legal Postage 7/9/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.01
07/10/2008	81900736	Disb	Legal Postage 7/10/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.76
07/11/2008	81900834	Disb	Legal Postage 7/11/08	99999 DOC: 523 Fund Inmate Reimburseme	\$1.17
07/14/2008	84901163	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$5.30
07/15/2008	81901262	Disb	Legal Postage 7/15/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.84
07/16/2008	81901444	Disb	Legal Postage-7/16/08	99999 DOC: 523 Fund Inmate Reimburseme	\$7.66
07/18/2008	81901657	Disb	Legal Postage 7/18/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.59
07/21/2008	84901966	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$13.80
07/22/2008	81902087	Disb	Legal Postage 7/22/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.59
07/22/2008	81902094	Disb	Legal Postage 7/22/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.42
07/23/2008	81902300	Disb	Legal Postage 7/23/08	99999 DOC: 523 Fund Inmate Reimburseme	\$0.42
07/23/2008	84902397	Disb	o.a.e.v.s. copies-legal	2 DOC: 523 Fund Library	\$0.80
<b>Total Restrictions:</b>					<b>\$100.44</b>